Filed 06/25/18 Case 18-17978 Doc 15 Fill in this information to identify your case and this filing: Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: District of Manuland CHeck if this is an amended filing Official Form 106A/B CIT Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Describe the nature of your ownership interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Duplex or multi-unit building Street address, if available, or other description Creditors Who Have Claims Secured by Property. Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Timeshare Describe the nature of your ownership ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one.

Official Form 106A/B

County

Schedule A/B: Property

Debtor 1 and Debtor 2 only

property identification number:

At least one of the debtors and another

Other information you wish to add about this item, such as local

Debtor 1 only

Debtor 2 only

page 1

Check if this is community property

(see instructions)

| | First Name N | Cost No | | | |
|--|---|---|--|---|--|
| | | | What is the property? Check all that apply. | Do not deduct secure | d claims or exemptions. Pւ |
| 1.3. <u>St</u> | reet address, if availa | able, or other description | Single-family home Duplex or multi-usit building | the amount of any set | cured claims on Schedule I Claims Secured by Propert |
| | , | | Condominium or cooperative | Current value of t | |
| | | | Manufactured or mobile home | entire property? | he Current value of portion you own |
| | | | ☐ Land | \$ | \$ |
| | | | ☐ Investment property | | |
| Cit | у | State ZIP Cod | | Describe the natur | e of your ownership |
| | | | Other | the entireties, or a | ee simple, tenancy by life estate), if known |
| | | | Who has an interest in the property? Check one | ð. | |
| Co | unty | | Debtor 1 only | | |
| | | | Debtor 2 only | | |
| | | | Debtor 1 and Debtor 2 only | Check if this is | community property |
| | | | At least one of the debtors and another | (see instructions |) |
| | | | Other information you wish to add about this property identification number: | item, such as local | |
| Add the d | ollar value of the attached for Pari | portion you own for at 1. Write that number | all of your entries from Part 1, including any entri | les for pages | s |
| | scribe Your | | | | |
| you own , l I own that s | lease, or have leg | iai or equitable intere | st in any vehicles, whether they are registered or le, also report it on <i>Schedule G: Executory Contracts</i> s, motorcycles | r not? Include any vehicle and Unexpired Leases. | 9 s |
| you own, I own that s Cars, vans | lease, or have leg | gal or equitable intere | e, also report it on Schedule G: Executory Contracts | not? Include any vehicle and Unexpired Leases. | es |
| you own, I own that s cars, vans No Yes | lease, or have legomeone else driven, trucks, tractors | gal or equitable intere | e, motorcycles | not? Include any vehicle and Unexpired Leases. | 9 s |
| ou own, lown that s ars, vans No Yes 1. Make | lease, or have legomeone else drive i, trucks, tractors | gal or equitable intere | who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured of | Sitts or eventations. But |
| ou own, lown that s ars, vans No Yes | lease, or have legomeone else drive i, trucks, tractors | gal or equitable intere | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured of the amount of any secure | aims or exemptions. Put |
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| ou own, lown that stars, vans No Yes 1. Make Mode | lease, or have legomeone else drive i, trucks, tractors | gal or equitable intere | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair | aims or exemptions. Put od claims on Schedule D: ms Secured by Property. Current value of th |
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| | | Who has an interest in the property? Check one. | | |
|-------------------|--|--|--|--|
| | Model: | Debtor 1 only | the amount of any secu | claims or exemptions. Put tred claims on Schedule D: |
| | Year: | Debtor 2 only | Creditors Who Have Cl | aims Secured by Property. |
| | ****** | Debtor 1 and Debtor 2 only | Current value of the | e Current value of th |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | | |
| | | ☐ Check if this is community property (see instructions) | \$ | <u> </u> |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct | |
| | Model: | | the amount of any secui | claims or exemptions. Put ed claims on Schedule D |
| | Year: | Debtor 2 only | Creditors Who Have Cla | ims Secured by Property. |
| | Approximate mileage: | Debtor 1 and Debtor 2 only | Current value of the | |
| | Other information: | At least one of the debtors and another | entire property? | portion you own? |
| | Ono momaton. | Check if this is community property (see instructions) | \$ | \$ |
| No | o | s and other recreational vehicles, other vehicles, and acces all watercraft, fishing vessels, snowmobiles, motorcycle accesso | sories ries | |
| No. | Make:Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Sories ries Do not deduct secured claim the amount of any secure Creditors Who Have Claim | d claims on Schadula D. |
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| Debtor | 1 |
|--------|---|

| 0 | Case 18-17978 | Doc 15 | Filed 06/25/18 | Page 4 of 3 | 33. | |
|----------|---|---------|----------------|-----------------------|----------|--|
| ret Name | Case 18-17978 VN Cran Middle Name Laet Name | 15 Pour | <u>)</u> | Case number (# known) | 18-17978 | |

| Part 3: Des | scribe Your | Personal | and Househol | id Item: |
|-------------|-------------|----------|--------------|----------|
|-------------|-------------|----------|--------------|----------|

| 20 you own or nave an | y legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims |
|--------------------------------------|--|---|
| 6. Household goods a | nd furnishings | or exemptions. |
| Examples: Major app | iances, furniture, linens, china, kitchenware | |
| Ves. Describe | Stove, Disn Washer, Refngator, Coffee Make Living Room Sets, Dinnette Set, Toaster Bod room Set (3), Kitchen Set, Microwave and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | No. |
| 7. Electronics | Bodroom Set (3), Kitchen Set, Michael | * 1000.00 |
| 701100410113 | dectrorise devices including cell phones, cameras, media players, dames | |
| Yes. Describe | (3) TV'5, Laptop, Radio, printer, cellphons (2), Camera Wiscravner Fax Machine | s 2300,00 |
| 8. Collectibles of value | wisconer Fax Machine | * 12300100 |
| Examples: Antiques ar | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; , or baseball card collections; other collections, memorabilia, collectibles | |
| Yes. Describe | PACE CONTRACTOR OF THE PACE OF | |
| 9. Equipment for sports | The second secon | \$ |
| Examples: Sports about | and hobbies | |
| and kayaks; | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | |
| Yes. Describe | | |
| 0. Firearms | The control of the Co | \$ |
| | shotguns, ammunition, and related equipment | |
| Yes. Describe | Control of the second s | |
| 1. Clothes | The second control of | \$ |
| Examples: Everyday clot | hes, furs, leather coats, designer wear, shoes, accessories | |
| | Blouses, pants, dresses, Jeans, oweaters leather | \$ 2.000 AD |
| . Jewelry | The second secon | 7 000.00 |
| Examples: Everyday jewe gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| No Yes. Describe | (Zings, bracelet, watries and | |
| | (Zings, bracelet, wateres, Silver earnings, silver Bracelet, Silver water | 500.00 |
| Examples: Dogs, cats, bin | ds, horses | |
| No Yes. Describe | en and area and and area and area. | |
| Any other personal and i | \$ ousehold items you did not already list, including any health aids you did not list | |
| ☐ No | | |
| Yes. Give specific information. | | |
| Add the dollar value of al | of your entries from Part 3, including any entries for pages you have attached | |
| or Part 3 Walter that | ber here | 11,800.00 |

Case 18-17978 Doc 15 Filed 06/25/18 Page 5 of 33 Part 4: **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No Yes cash: 20.00 \$ 20.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Yes..... Institution name: DC Credit Union 17.1. Checking account: DC Credit Union 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts X No ☐ Yes..... institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture A No Name of entity: % of ownership: Yes. Give specific

Official Form 106A/B

information about

them.....

0%

0% 0%

| | Λ. | Case 18- | 17978 Doc 15 | Filed 06/25/18 | Page 6 of 33 | |
|-----------------|-------------------------------|-----------------------|---|---|--------------------------------|-----------|
| Debtor 1 | Caroly | N Colean | Brown | | 10- | 17978 |
| | First Name | Middle Name | Last Name | | case number (if known) | 11918 |
| | | | | | | |
| 20. Governm | ment and co | rporate bonds and | d other negotiable and | non-negotiable instrumer | nts | |
| rvegonan | iia instrument | fs include perconal | chacks analismus at a | ks, promissory notes, and m neone by signing or deliveri | | |
| .XNo | | • | | noone by signing or deliven | ng mem. | |
| Yes. 6 | Give specific nation about | issuer name: | | | | |
| a lotti. | ****************** | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| 21. Retireme | nt or pensio | n accounts | | | | |
| □ No | . microsis m | INA, EKISA, Keog | n, 401(k), 403(b), thrift s | savings accounts, or other po | ension or profit-sharing plans | • |
| Yes. L | ist each | | | | | |
| accou | nt separately. | . Type of account: | Institution name: | | | |
| | | 401(k) or similar p | lan: | | | • |
| | | Pension plan: | United S | itates Gort. | | s 11/1/15 |
| | | IRA: | | | | • 1106.13 |
| | | Retirement accour | nt: | | | \$ |
| | | Keogh: | | | | 3 |
| | | Additional account: | | | | 3 |
| | | Additional account: | | | | \$ |
| | | | | | | \$ |
| 22. Security de | posits and | prepayments | | | | |
| Your share | of all unused | deposits you have | made so that you may | continue service or use fron | n a company | |
| companies, | | with landlords, pre | paid rent, public utilities | continue service or use fron (electric, gas, water), telecol | mmunications | |
| No | | | | | | |
| ☐ Yes | ************** | | Institution name or Individ | luel: | | |
| | | Electric: | | | | |
| | | Gas: | - | | | \$ |
| | | Heating oil: | | | | \$ |
| | | Security deposit on r | ental unit: | | | \$ |
| | | Prepaid rent: | | | | \$ |
| | | Telephone: | | | | \$ |
| | | Water: | | | | 2 |
| | | Rented furniture: _ | | | | \$ |
| | • | Other: | | | | \$ |
| 3. Annuities (A | contract for a | a periodic payment | of money to you, either | for life or for a number of ye | agre) | ¥ <u></u> |
| No | | | , | or a number of ye | ^{ક્} વા રું | |
| ☐ Yes | 1 | ssuer name and de | scription: | | | |
| | - | | | | | ¢ |
| | ••• | | | | | \$ |
| | - | | | | | \$ |

| a Case | 18-17 <u>9</u> 78 E | Ooc 15 | Filed 06/25/18 | Page 7 of 33 | |
|---|--|---|--|--|---|
| Debtor 1 CAYONA ONE | an Kira | 150 | | 10 | 1704.0 |
| First Name Middle Name | Last Name | 37) | (| Case number (# known) | 11978 |
| | | | | · | |
| 24. Interests in an education IRA, in 26 U.S.C. §§ 530(b)(1), 529A(b), a | an account in a au: | alified ARI E | Drogram or and a | · · · · · · · · · · · · · · · · · · · | |
| | nd 529(b)(1). | | program, of under a (| iualmed state tuition progr | am. |
| No | | | | | |
| Yes Inst | itution name and de: | scription. Sep | parately file the records | of any interests.11 U.S.C. § | 524 <i>(</i> a). |
| | | | | | 52 I(C). |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| 25. Trusts, equitable or future interes exercisable for your benefit | ts in property (othe | er than anyth | ing listed in line 1) or | rd rimbto on manua | |
| | | | g | a rights or powers | |
| No ☐ Yes. Give specific | The Committee Co | Seems and a second second | | ng ang kampang ang panggang ang kampang ang panggang ang kampang ang kampang ang panggang ang panggang ang kam | |
| information about them | | | | the manufacture of the state of | |
| Control services | | | and the state of the | No department of the second | \$ |
| 6. Patents, copyrights, trademarks, t | rade secrets, and c | other intelled | tual property | and the second of the second o | and and a grant seems |
| Examples: Internet domain names, v | rebsites, proceeds fr | rom royalties | and licensing agreemer | nts | |
| | all were an expense and the second second | Charles and the second of the second | Make W. Barry | the day compare while the control makes the control to the control of the control | |
| Yes. Give specific information about them | | | the last the state of the surface scale are foods of Bessel | and the second second seconds of the second second sections because the second | The second second |
| g Section 1 | ng and comment and comment and comment | Mark the state of | an an indiana strengthy and have received a propertition on the country country country. | At the second | \$ |
| Licenses, franchises, and other ge | neral intancibles | | | and the second second second second | et wom + so. |
| Examples: Building permits, exclusive | licenses, cooperati | ve associatio | n holdings, liquor licens | ies. professional licenses | |
| 122/14 0 | | | | as, protocolorial modifies | |
| Yes. Give specific information about them | | the control of the second of a | e de la companya de l | and a start stage, done is a subsequent form of the stage of the contract of the stage of the st | |
| Annual about Biolitical | and the second | from any party and any | | | \$ |
| oney or property owed to you? | | | The state of the s | many first saw, among the medical major propagation and major at the same of conditions on a | |
| | | | | | Current value of th |
| | | | | | portion you own? Do not deduct secured |
| Tax refunds owed to you | | | | | claims or exemptions. |
| No | | | | | |
| Yes. Give specific information | The second section of the second section of the second section of the second section s | the consense of the second sections | t des manures que en presentada en transportante en estado en especial de la completa de la completa de la comp | No one of the first of the second | |
| about them, including whethe you already filed the returns | r (| | | Federal: | \$ |
| and the tax years. | | | | State: | \$ |
| | Ages were consider two stock with consider a | the or selection is applied. | The second secon | Local: | \$ |
| Family support | | | , | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Examples: Past due or lump sum alimo | ny, spousal support | . child sunno | t maintenance 4 | | |
| -(| | , ouppor | c, maintenance, divorce | sement, property settlem | ent |
| Yes. Give specific information | Commence of the second | The second second section and the second | and manage that is a state of the | Frohmen Science and g | |
| | ** ** ** | | | Alimony: | \$ |
| | 1 6 1 8 4 | | | Maintenance: | \$ |
| | | | | Support: | \$ |
| | | | | Divorce settlement: | \$ |
| Whon amounts | Construction of the state of th | March House in the special | and the second control of the second control | Property settlement: | \$ |
| Other amounts someone owes you Examples: Unpaid wages, disability insu | irance nouments 31: | anhille.c | w. • • | | |
| Examples: Unpaid wages, disability insu Social Security benefits; unp | aid loans you made | to someone (| its, sick pay, vacation pa else | ay, workers' compensation, | |
| No | | | | | |
| Yes. Give specific information | | ere fort more property comes o | menter i de de de la companio de companio de la co | a hade growing to the state of | 4 A |
| | The second control of a condition on the action of the condition of the co | the street, with the street with each of | No. of the steps of the state o | | \$ |
| | | | the state of the state of the state of | is reprinted the rest traggeries reprint the second control of the rest of the | |

| Co all B | ase 18-17 | 97 8 Doc 15 | Filed 06/25/18 | B Page 8 of 33 | |
|--|--|--|--|--|---|
| Debtor 1 (Name Mid | dean de Name | Drown | - | Case number (if known) | - 17978 |
| • | | | | | |
| 31. Interests in insurance poli | iciae | | | | |
| Examples: Health, disability, | , or life insurance | ; health savings accor | int (HSA): cradit homos | | |
| No | | · · · · · · · · · · · · · · · · · · · | ant (1107), Gear, Home | whers, or renters insuran | ce |
| Yes. Name the insurance | e company | | | | |
| of each policy and l | list its value | company name: | | Beneficiary: | Surrender or refund v |
| | | | | | • |
| | | | | | |
| | | | | | <u> </u> |
| 12. Any interest in property the if you are the beneficiary of a property because someone in No | at is due you fro a living trust, expenses as died. | orn someone who has ect proceeds from a life | s died e insurance policy, or ar | e currently entitled to rece | |
| ` \ | gan en a | and the second control of the second control | the set of | | |
| Yes. Give specific information | ation | | The first of Make (Miles and St. 1997) are seen | and the transfer of the comment of the section of the pro- | Control of States |
| | 1 3 2+++4 | ak anggogo bib aktogo transitis prapada lagako a 19. ag an a | e and an extendition of the state of the sta | the first of the control of the cont | \$ |
| 3. Claims against third parties Examples: Accidents, employe | . whether or no | t vou have filed a low | uanit av mante - d | d for payment | |
| The state of the s | ment disputes, in | nsurance claims, or rig | thts to sue | leadinger | |
| No No | 3 ⁴⁶ (1) (1 + 1 - 1) | Si na samba a si si akkan magang maja a si si sasa a samba a sa sa sa sa | | li kan i 186 kwa i malaya wa 1 mai wa 186 kwa ilikuwa 186 kwa 1 | |
| Yes. Describe each claim | 3 | | | | |
| Other contingents | in | and the second s | The confidence of the second s | en kanagalan periode kanaman an an anagan menjada an anagan an anagan an anagan an a | \$ |
| Other contingent and unlique to set off claims | ildated claims o | f every nature, includ | ding countercialms of t | the debtor and rights | |
| No | | | | | |
| Yes. Describe each claim. | | Company of the specific of the second property and a second specific | and the second section of the section of the second section of the section of the second section of the second section of the section of | and the second section is a second to the second section of section () and the second section (| and the contract of the state of |
| | | enterior anterior participativo continuos (1984), mais continuos (1984), and anterior security of | - 15 - margania | er sammen en e | |
| Any financial assets you did | Ann in a managaga | | in the entities continued by a consequence of the contractional section. | No observation from company or a contract large constitution of the contract large constitution of the contract large contract | |
| Yes. Give specific informat | tion | | | | No. 1 Professional |
| | An paragraph of the | Charles of a financial section of the contract whose for any | e de la companya de l | artin and a service of a return secretar density produces a form one field and second as | e stant community |
| Add the dollar value of all of for Part 4. Write that number | your entries fro here | m Part 4, including a | any entries for pages y | ou have attached | · 1192.1F |
| | | | | | |
| | | | | | |
| t 5: Describe Any Bu | usiness-Reia | ted Property Yo | u Own or Have an | Interest in Liet a | ny real estate in Part |
| Do you own or have any legal | or equitable in | | | | y real estate in Part |
| No. Go to Part 6. | or equitable iii | erest in any busines | s-related property? | | |
| Yes. Go to line 38. | | | | | |
| | | | | | |
| | | | | | Current value of the |
| | | | | | portion you own? |
| | | | | | Do not deduct secured claim or exemptions. |
| ccounts receivable or commi | issions you aire | ady earned | | | · |
| | - algorithms against a conference 15 to | and the state of t | entre con transfer and a particular contraction of the contraction of the contraction of the contraction of the | | |
| Yes. Describe | | | | | S. M. Marine Bay |
| ffice equipment 4 | a antina na nadira yang di kipina na bawa ana na sa yang ya | dan klama ayl mega sasah mendalah 1966 - pendalah mendalah sabbagga sepag | t all the the the part of the the transfer of the the part of the | the entry participal trace of companion about 1988 which is there is no excess to | \$ |
| iffice equipment, furnishings, xamples: Business-related compute | and supplies | mo muluta | | The second of th | W. A. W. |
| xamples: Business-related compute | | | | | ices |
| Yes. Describe | the other constant was a second of w | and the state of t | entropies and the second of th | and the second property of the second | |
| A TOP OF THE PARTY | to the total domain | | | | \$ |
| | The second secon | Attached the control of the control | espectable of major (20) is becomes the comments of majorities | to restaurable to the second s | · w. J |
| 5: 4 = | | | | | |

| Case 18-17978 Doc 15 Filed 06/25/18 | Page 9 of 33 |
|--|--|
| Debtor 1 Cambro Oderia Brains | 10 17070 |
| First Name Middle Name Last Name Case | number (# known) 8 - 179 18 |
| | |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| SY No. | |
| Yes. Describe | So writing and with a file of the control of the co |
| the first transcription and the second of the second and the second transcriptions are the second transcriptions and the second and the secon | <u> </u> |
| 41. Inventory | The second secon |
| No Describe | |
| 165. Describe | į. |
| E. Commission of the commissio | the common property of the common property of the common o |
| 42. Interests in partnerships or joint ventures | |
| No | |
| Yes. Describe Name of entity: | |
| | % of ownership: |
| | % \$ |
| | |
| 43 Cuetamor lista maliferati | % \$ |
| 43. Customer lists, mailing lists, or other compilations | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 1 | |
| LI NO | |
| Yes. Describe | and the state of t |
| | * S |
| 44. Any business-related property you did not already list | |
| No No | |
| Yes. Give specific | |
| information | \$ |
| | \$ |
| | \$ |
| | |
| | ψ |
| | • |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you ha | \$ |
| for Part 5. Write that number here | ave attached \$ |
| | 7 |
| | |
| Part 6: Describe Any Farm, and Commercial Fishing-Related Property You Own of if you own or have an interest in farmland, list it in Part 1. | or Have an interest in. |
| | |
| 6. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related | f property? |
| No. Go to Part 7. Yes. Go to line 47. | |
| | |
| | Current value of the |
| | portion you own? |
| 7. Farm animals | Do not deduct secured claims or exemptions. |
| Examples: Livestock, poultry, farm-raised fish | · |
| No | |
| Yes | process to consider the contract the contract to |
| | |
| The contract and the approximate and the second of the sec | \$ |

| Debtor 1 Carse 18-17978 Document Dyow | Case number (# known) | 3 - 17978 |
|--|--|--|
| Last Name | - Company of the Comp | |
| 48. Crops—either growing or harvested | | |
| Yes. Give specific | e de marconer de estado en el parte de la contrata conservada de la desperada. El compositor de estado el colonyo | form of the control o |
| Information | | ************************************** |
| 49. Farm and fishing equipment, implements, machinery, i | fixtures, and tools of trade | According to the second |
| Yes | parties and thereto are more to the control of the | e compression to an exercision and the contraction of the contraction |
| Anne comme to comme the contract and property of the contract | | \$ |
| 50. Farm and fishing supplies, chemicals, and feed | The contract of the contract o | the title in which the god |
| No D Yes | | |
| | | ment of the control o |
| 51. Any farm- and commercial fishing-related property you | enter soutre l'accessi de la companyant proprière de l'ambient de l'ambient de la proprière de l'accessive de Alles moderns l'accessive 15 de | <u> </u> |
| No | OID NOT BITEARY list | |
| information | | ere collection of the graph of |
| 52 Add the dollar value of all of | | \$ |
| 52. Add the dollar value of all of your entries from Part 6, in for Part 6. Write that number here | cluding any entries for pages you have attached | \$ 0 |
| | | |
| Part 7: Describe All Property You Own or He | | |
| | ive an Interest in That You Did Not List A | bove |
| 53. Do you have other property of any kind you did not aire Exemples: Season tickets, country club membership | ady list? | |
| No | en agreement and the second entered and agreement of the entered enter | |
| Yes. Give specific information | | \$ |
| | | \$ |
| and the second of the second control of the | and the second of the second o | \$ |
| 54. Add the dollar value of all of your entries from Part 7. Wr | ite that number here | → S |
| | | |
| Part 8: List the Totals of Each Part of this Fo | erm | |
| 55. Part 1: Total real estate, line 2 | | ~ |
| 56. Part 2: Total vehicles, line 5 | A | |
| 57. Part 3: Total personal and household items, line 15 | \$ 4,500.60 | |
| 58. Part 4: Total financial assets, line 36 | 1100.00 | |
| 59. Part 5: Total business-related property, line 45 | * 1) 1312 13 | |
| 30. Part 6: Total farm- and fishing-related property, line 52 | s () | |
| 51. Part 7: Total other property not listed, line 54 | +s () | |
| 2. Total personal property. Add lines 56 through 61 | .1740210 | |
| - The indicate of the second s | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1al → +s 17,492.15 |
| 3. Total of all property on Schedule A/P Add Eng SE . Property | | 100 100 |
| 3. Total of all property on Schedule A/B. Add line 55 + line 62. | | 15/1492,15 |
| | | |

| Debtor 2 Spouse, if filing) First Name Middle N United States Bankruptcy Court for the: Case number 18 - 17978 (If known) | ∆1 | | |
|--|--|---|------------------------------------|
| Case number 18 - 179 78 | District of //QRIJ | 10. N | |
| | District of | am | D objective in |
| | | | ☐ Check if this i amended filin |
| fficial Form 106C | | | |
| chedule C: The Pr | operty You | Claim as Exemp | t _{04/1} |
| as complete and accurate as possible. If two | married people are filing | together both are a well-server it to | |
| ace is needed, fill out and attach to this page | | | |
| ir name and case number (if known). reach item of property you claim as exemptific dollar amount as exempt. Alternative | | | |
| Which set of exemptions are you claiming. You are claiming state and federal nontext you are claiming federal exemptions. 1 | pankruptcy exemptions, 1: | л your spouse is filing with you. I U.S.C. § 522(b)(3) | |
| | | npt, fill in the information below. | |
| For any property you list on Schedule A/l Brief description of the property and line of Schedule A/B that lists this property | B that you claim as exen | pt, fill in the information below. Amount of the exemption you claim | Specific laws that allow exemptic |
| For any property you list on Schedule A/ | B that you claim as exemen | | Specific laws that allow exemptic |
| For any property you list on Schedule A/ | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim | Specific laws that allow exemption |
| For any property you list on Schedule A/A Brief description of the property and line of Schedule A/B that lists this property Brief | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$ | Specific laws that allow exemption |
| Brief description: Brief description of the property and line of Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief Brief Brief | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$\ | Specific laws that allow exemption |
| Brief description of the property and line of Schedule A/B that lists this property Brief description: Line from Schedule A/B: | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$ 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemption |
| Brief description: Brief description of the property and line of Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Line from Schedule A/B: | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$ 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemption |
| Brief description: Brief description of the property and line of Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief Brief description: Line from Schedule A/B: | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$\\\$ 100% of fair market value, up to any applicable statutory limit \$\\\$ 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemption |
| Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief Down house Brief | Current value of the portion you own Copy the value from Schedule A/B \$ 4500 \$ 120,000 | Amount of the exemption you claim Check only one box for each exemption. \$ | Specific laws that allow exemption |
| Brief description: Brief description of the property and line of Schedule A/B that lists this property Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Line from Schedule A/B: | B that you claim as exen Current value of the portion you own Copy the value from | Amount of the exemption you claim Check only one box for each exemption. \$ 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemp |

Part 2: Additional Page

| Brief descrip on Schedule | tion of the property and line A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|------------------------------|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | | _ \$ | _ 🗆 \$ | |
| Line from Schedule A/B | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | _ 🗆 \$ | |
| Line from Schedule A/B: | Wilder Street, and a second se | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | _ _ | |
| Line from Schedule A/B: | | - | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | *************************************** | \$ | | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | West years and also | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | |
| Line from Schedule A/B; | | • | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | u \$ | |
| Line from Schedule A/B: | *************************************** | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | - | \$ | □ \$ | |
| Line from Schedule A/B: | | - | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □s | |
| Line from Schedule A/B: | water hand de generales. | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □s | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | □ \$ | |
| Line from Schedule A/B: - | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | .\$ | □ s | |
| Line from Schedule A/B: | The state of the s | | 100% of fair market value, up to any applicable statutory limit | |

| Fill in this information to identify your | case: | | | |
|---|--|--|--|---|
| Debtor 1 Prot Name And Odis | PA OWN Jille Name Last Name | | | |
| (0 | District of Mary and | | | |
| Case number 18 - 17978 (If known) | | | | |
| Official Form 106D | | | | k if this is an nded filing |
| | rs Who Have Claims Secur | | | |
| Be as complete and accurate as possible | la Maria mandada a sa a sa a sa a sa a sa a sa a s | | | 12/15 |
| information. If more space is needed, co additional pages, write your name and o | re. If two married people are filing together, both are e opy the Additional Page, fill it out, number the entries, ≳ase number (if known). | and attach it to the | for supplying corressions form. On the top | ect of any |
| 1. Do any creditors have claims secured | by your preperty? | | | |
| No. Check this box and submit this for | orm to the court with your other schedules. You have not | ing else to report or | this form | |
| Yes. Fill in all of the information below | w. | G and as report of | , uno 101111, | |
| Part 1: List All Secured Claims | | | | |
| As much as possible, list the claims in all | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. phabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | portion |
| 2.1 Diversified Consul | Describe the property that secures the claim: | s 500 | 500 | If any |
| P.O. Box 55 268 Number Street | Sprint | The second secon | _ \$ | * |
| | As of the date you file, the claim is: Check all that apply. | | | |
| Jacksonville FI 32255 City State ZIP Code | Contingent Unikquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 22 Credit Control Corp. | Describe the property that secures the claim: | radia kantangan angga kangkang ni terupang sandangga kanang ning menanggang ning ang | e i li ettisekset valletina – illettise eiliksiksi veityyttiset eiliksitet veitytet. | ger passion on planting weights taken retilized for the |
| 11821 Rocklanding Dr | Medical bill | | • | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| Newport Nas VA 23612 State ZIP Code | Contingent Contingent Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | at a second |
| Date debt was incurred | Last 4 digits of account number_ | | | * |

| Gesq 18-17978 Doc 15 Filed 06/ | (25/18 Page 14 of 33 Case number (# known) 18 - 17978 |
|--|--|
| Part 2: List Others to Be Notified for a Debt That You Aiready Li | |
| Use this page only if you have others to be notified about your bankruptcy for a dagency is trying to collect from you for a debt you owe to someone else, list the curyou have more than one creditor for any of the debts that you listed in Part 1, list to be notified for any debts in Part 1, do not fill out or submit this page. | |
| Forest Springs Condominium, INC 8701 Georgia Are. Number Street | On which line in Part 1 did you enter the creditor? 3 Last 4 digits of account number 3274 |
| Silver Springs MD 20910 City State ZIP Code | |
| Macy's Department Stere Po Box 8218 Number Street | On which line in Part 1 did you enter the creditor? 4 Last 4 digits of account number 5 1 9 3 |
| Mason OH 45040 State ZIP Code Portfolio Recovery/Synchrony Band | On which line in Part 1 did you enter the creditor? Last 4 digits of account number 4 500 |
| Number Street 120 Corporate Blvd Ste 100 Nov fork VA 23502 City State ZIP Code | |
| Affiliate Asset Solutions | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| 145 Technology Parkway NW Ste 10 Peach tree Corners GA 3009a City State ZIP Code | |
| Nationwide Recovery Serv. | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| Number Street 10 Box 8005 Cleveland TN 37320 City State ZIP Code | |
| Phoenix American Medical Resp. | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| Number Street 145 Technology Parkury Mu Ste 100 Peach tree Corners GA 30092 City State ZIP Code | |

Additional Page Column A Column B Column C Part 1: After listing any entries on this page, number them beginning with 2.3, followed Amount of claim Value of collateral Unsecured by 2.4, and so forth. Do not deduct the that supports this portion value of collateral. If any Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent **Unliquidated** Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number DUSTON Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. 56313 Contingent Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: if this is the last page of your form, add the dollar value totals from all pages. Write that number here: Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page ___ of _

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Case 18-17978 Doc 15 Filed 06/25/18 Page 16 of 33

| Debtor 1 Avolyn Odean Middle Name | Brown | | | |
|--|--|---|--|--|
| Debtor 2 (Spouse, if filing) First Name Middle Name United States Benkruptcy Court for the: Case number (If known) | District of Maryland | | | neck if this is a |
| Official Form 106E/F | | | ui. | nended imig |
| Schedule E/F: Creditors | Who Have Unsecured Clai | ims | | 12/15 |
| /B: Property (Official Form 106A/B) and on Sch reditors with partially secured claims that are li | ured Claims | list executory of the state of | contracts on 106G). Do no | Schedule ot include anv |
| Yes. List all of your priority unsecured claims. If a each claim listed, identify what type of claim it is. nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of the continuation of of | creditor has more than one priority unsecured claim, list If a claim has both priority and nonpriority amounts, list a claims in alphabetical order according to the creditor's of Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.) | that claim here a | and show both | priority and |
| 7 | to to the first the instruction booklet.) | Total claim | Priority amount | Nonpriori amount |
| Priority Creditor's Name | Last 4 digits of account number | ŝ | | • |
| Number Street | When was the debt incurred? | | | Ψ |
| | | | | |
| | - As of the date you file the claim in Charle all the | • | | |
| City State 7/D Code | As of the date you file, the claim is: Check all that app Contingent | ily. | | |
| City State ZiP Code | - Contingent | ily. | | |
| Who incurred the debt? Check one. | <u></u> | ly. | | |
| . Cale Zir Code | Contingent Unliquidated Disputed | ıly. | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: | ily. | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No | Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | | |
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Case number (Marrown) 18-17978

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|--------------|---|----------------|
| Total claim | 6a. Domestic support obligations | 6a. s |
| wour Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. s |
| | Other. Add all other priority unsecured claims. Write that amount here. | 6d. +ş |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ |
| | | Total claim |
| Total claims | 6f. Student loans | 6f. |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. s |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + § |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ |

| Debtor 1 | CAVOLUN CASE 18 | 8-17978 Doc 15 | Filed 06/25/18 c _e | Page 18 of 33 ase number (# Annown) 18-17-978 | |
|----------|-----------------|----------------|-------------------------------|---|---|
| | | Edd (400)16 | | | - |

Part 3: List Others to Be Notified About a Debt That You Aiready Listed

| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims |
|---|--|
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ty gram mga vennissen som entir ind settingsmentet entire venter date entire och in ventetta attende inspression inspression venter ventetta attende in inspression inspression venter ventetta attende in inspression inspression ventetta attende in inspression inspression ventetta attende inspression inspression ventetta attende in inspression ventetta attende ins | Last 4 digits of account number |
| | Claims Part 2: Creditors with Nonpriority Unsecured |
| umber Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| ame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| State ZIP Code Code or maintainments of the Code code code code code code code code c | Last 4 digits of account number_ |
| | Ciamis |
| tumber Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| State ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| City | Last 4 digits of account number |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Virgin beach VA 23464 State ZIP Code | Last 4 digits of account number |
| 6520 Indian River Rd. | Claims Part 2: Creditors with Nonpriority Unsecured |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Indewater Finance Company | On which entry in Part 1 or Part 2 did you list the original creditor? |
| City State ZIP Code | Last 4 digits of account number |
| | Claims Part 2: Creditors with Nonpriority Unsecured |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Debt Recovery Solutions | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Orlando FL 38896 City State ZIP Code | Last 4 digits of account number |
| PO BOX 965007 | Part 2: Creditors with Nonpriority Unsecured C |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claim |
| Name VENNY/SYNCH | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | |

Sel 18-17978 Doc 15 Filed 06/25/18 Page 19 of 33 OGNO Case number (# known) 8 - 179 78

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

| Nonpriority Creditor's Name | Last 4 digits of account number | \$ |
|---|---|--------------------------|
| | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | ☐ Confingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims | |
| s the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ No | Other. Specify | |
| Yes | | |
| പ്രത്യേക്കി പ്രത്യേക്ക് വരുന്നു. വരുന്നു പ്രത്യാക്കി വിത്യൻ സർഷ്യ ത്രവാർ വിഷ്ട്രത്തിന്റെ പ്രത്യാത്തിന്റെ അന്ത് വിത്യാക്കി വരുന്നു. പ്രത്യാക്ക | - Last 4 digits of account number | en discharing grape, gar |
| onpriority Creditor's Name | | \$ |
| | When was the debt incurred? | |
| umber Street | As of the date you file, the claim is: Check all that apply. | |
| ty State ZIP Code | ☐ Contingent | |
| Pro transcript to the second | Unliquidated | |
| /ho incurred the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims | |
| the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Other. Specify | |
| Yes | | |
| Test | | |
| | Last 4 digits of account number | \$ |
| ppriority Creditor's Name | When was the debt incurred? | |
| nber Street | As of the date you file, the claim is: Check all that apply. | |
| State ZIP Code | Contingent | |
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| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a community debt | you did not report as priority claims | |
| he claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Other. Specify | |

| Debtor 1 |
|----------|
|----------|

Part 2: List All of Your NONPRIORITY Unsecured Claims

| Do any creditors have nonpriority unsecured cl No. You have nothing to report in this part. Sub Yes | omit this form to the court with your other schedules. |
|--|--|
| List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor concern. | the alphabetical order of the creditor who holds each claim. If a creditor has more than one ately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured |
| 7 | Total claim |
| Nonpriority Creditor's Name | Last 4 digits of account number |
| Number Street | When was the debt incurred? |
| City State | ZIP Code As of the date you file, the claim is: Check all that apply. |
| With Incomed the state of | Contingent |
| Who incurred the debt? Check one. | ☐ Unliquidated |
| Debtor 1 only Debtor 2 only | ☐ Disputed |
| Debtor 1 and Debtor 2 only | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: |
| | ☐ Student loans |
| Check if this claim is for a community debt | Obligations arising out of a separation egreement or discuss |
| is the claim subject to offset? | utat you did not report as priority claims |
| □ No | Debts to pension or profit-sharing plans, and other similar debts |
| ☐ Yes | Other. Specify |
| 200 COM NO TOTAL MATERIAL STATE AND STATE STATE AND STATE COMMENT AND | |
| Nonpriority Creditor's Name | Last 4 digits of account number |
| Comprising Clouder's reality | When was the debt incurred? |
| Number Street | |
| *** | As of the date you file, the claim is: Check all that apply. |
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| Who incurred the debt? Check one. | Unliquidated |
| Debtor 1 only | Disputed |
| Debtor 2 only | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| At least one of the debtors and another | ☐ Student loans |
| Check if this claim is for a community debt | Obligations arising out of a separation agreement as discuss |
| | ulat you did not report as priority claims |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| ☐ Yes | Other. Specify |
| | |
| Nonpriority Creditor's Name | Last 4 digits of account number |
| Trouphony Creditor & Name | When was the debt incurred? |
| Number Street | |
| City State ZIF | As of the date you file, the claim is: Check all that apply. |
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| □ No | Lef 1 Marie to page on or profit - Leaders |

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Case number (First Name Middle Name Lest Name

| Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt sthe claim subject to offset? No Yes | When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? | nds former fallner für finludssenskurtigek | and the second s | S |
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| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No | □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify Last 4 digits of account number | ado tamas salahun 1941 tunlagi tunlagi tunlagi 1298 | and the second of the second o | HATT Now I KAN'S CHOWNES |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No | □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify | volutionnes, Falloholt eige tunklags handau Espek | and the second of the second o | ann de la |
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| Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| Debtor 2 only | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| At least one of the debtors and another | Taxes and certain other debts you owe the government Claims for death or personal injury while you were | | | |
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| iority Creditor's Name | Last 4 digits of account number | \$: | | \$ |
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| • | ype of PRIORITY unsecured claim: | | | |
| Debtor 2 ontv | | | | |
| Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
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| the claim subject to offset? | Other. Specify | | | |
| No | | | | |

| Fill in this information to identify your case: | |
|--|--|
| Debtor CATOLIA Odean Brown First Name Odean Brown Last Name | |
| Debtor 2 (Spouse If filling) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: District of Warry and | 1 |
| Case number 8-17978 | ☐ Check if this is a |
| | amended filing |
| Official Form 106G | |
| Schedule G: Executory Contracts and | Uneynired Leases |
| Be as complete and accurate as possible. If two married people are filling to | |
| information. If more space is needed, copy the additional page, fill it out, nu additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other sched | dulas. You have nothing also to any |
| Yes. Fill in all of the information below even if the contracts or leases are | s listed on Schedule A/B: Property (Official Form 106A/B). |
| 2. List separately each person or company with whom you have the | 4 • |
| example, rent, vehicle lease, cell phone). See the instructions for this formunexpired leases. | n in the instruction booklet for more examples of executory contracts and |
| | |
| Person or company with whom you have the contract or lease | State what the contract or lease is for |
| 2.1 | |
| , Name | |
| Number Street | |
| City State ZIP Code | |
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| First Name | Middle Name | Last Name | |
|-----------------|-------------|---------------|--|
| Debtor 1 CAroly | A | \mathcal{T} | |
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Case number (# known) 18 - 17978

Additional Page if You Have More Contracts or Leases

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| Name |) | | | |
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| Name Number City Name City | r Street | State | ZIP Code | |
| Name Number Number | r Street | State | ZIP Code | |

| | • |
|--|--|
| Debtor 2 Spouse, if filing) First Name Last Name L | |
| M Last Warrie | |
| 10-17070 | |
| ase number 6 1// 6 If known) | _ |
| | ☐ Check if this amended filir |
| fficial Form 106H | amended hill |
| chedule H: Your Codebtors | 12/ |
| debtors are people or entities who are also liable for any debts you may have. Be a filing together, both are equally responsible for supplying correct information. If a number the entries in the boxes on the left. Attach the Additional Page to this page number (if known). Answer every question. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as | more space is needed, copy the Additional Page, fill it on the top of any Additional Pages, write your nam |
| ∠ ™ | |
| | |
| Within the last 8 years, have you lived in a community property state or territory and Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash | ? (Community property states and territories include |
| No. Go to line 3. | |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? | |
| □ No | |
| ☐ Yes. In which community state or territory did you live? | Fill in the name and current address of that person. |
| | |
| Name of your spouse, former spouse, or legal equivalent | |
| | |
| Number Street | |
| City | |
| City State ZIP Code | |
| | |
| in Column 1, list all of your codebtors. Do not include your spouse as a codebtor | If your spouse is filing with you. List the nerson |
| | |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106F/F) or Schedule | |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. | . Make sure you have listed the creditor on B G (Official Form 106G). Use <i>Schedule D,</i> |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106F/F), or Schedule | Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. | . Make sure you have listed the creditor on B G (Official Form 106G). Use <i>Schedule D,</i> |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. | . Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the deb Check all schedules that apply: |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debta Check all schedules that apply: Schedule D, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debta check all schedules that apply: Schedule D, line Schedule E/F, line |
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| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debta check all schedules that apply: Schedule D, line Schedule E/F, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debta check all schedules that apply: Schedule D, line Schedule E/F, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State ZIP Code | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State ZIP Code | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State ZIP Code | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State ZIP Code Name | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State ZIP Code Name | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule D, line |
| Name Number Street City State ZIP Code Name Number Street City State ZIP Code | Make sure you have listed the creditor on a G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line Schedule G, line Schedule G, line |

Official Form 106H

Additional Page to List More Codebtors

| | Column | 1: Your codebtor | | | | C | olumn 2: The creditor to | whom you owe the debt |
|-------------|--------|--------------------------|---------------------------------------|---------------------------------------|----------|--|--------------------------------------|-----------------------|
| 3 | | | | | | C | check all schedules that ap | pply: |
| | Name | | | | | C | Schedule D, line | |
| | | | | | | | Schedule E/F, line | |
| | Number | Street | | | | C | Schedule G, line | |
| | City | | Sta | te | ZIP Code | | | |
| 3 | Name | | | | | F- |) O-44-1 - D-11 | |
| | Marite | | | | | | | |
| | Number | Street | | · · · · · · · · · · · · · · · · · · · | | | Schedule E/F, line Schedule G, line | |
| | | | | | | · | Scredule G, line | _ |
| 3. | City | | Stat | ie | ZIP Code | ************************************** | | |
| | Name | | | | | 0 | Schadula D line | |
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| | Number | Street | | | | _ 0 | | |
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| ٦ ٽ | му | | State | | ZIP Code | | | |
| ي لـ | lame | | | | | - | . | |
| 14 | -LITTO | | | | | | Schedule D, line | |
| N | umber | Street | | | | | Schedule E/F, line | |
| | | | | | | | Schedule G, line | |
| Ci | ity | | State | | ZIP Code | | | |
| J | | | | | | | | |
| Ne | ame | | | | | _ 🗆 5 | Schedule D, line | |
| | | | | | | | Schedule E/F, line | |
| Nu | ımber | Street | | | | | Schedule G, line | |
| | | | | | | | | |

| Pebtor 1 CATOLUE / | ly your case: | | | | |
|---|---|---|---|---|------------------------------------|
| First Name | JOLON Middle Name | SOUU Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | | Maryland | | | |
| Case number / / / (If known) | 70 | | Check | if this is: | |
| | | | 🔲 An | amended filing | |
| Official Form 106I | | | A si înco | upplement showing ome as of the following | postpetition chapter 1 ng date: |
| Schedule I: You | _ | | ММ | / DD / YYYY | |
| e as complete and accurate as pupplying correct information. If y | | | | | 12/15 |
| you are separated and your spo eparate sheet to this form. On the Part 1: Describe Employn | use is not filing with you e top of any additional p | in tourned tour about | e is livilid Mil | N VOU. INClude inform | ation shout your and |
| Fill in your employment information. | | Debtor 1 | | Dobton O | |
| If you have more than one job, attach a separate page with | Pour le | ation adaptivities international fortunal data terrorivote, vol.com debens talenciatures, evil.co.com detection | | | n-filing spouse |
| information about additional employers. | Employment status | Employed | | Employed | |
| Include part-time, seasonal, or self-employed work. | | Not employed | | | ed |
| Occupation may include student or homemaker, if it applies. | Occupation | | | | |
| | Employer's name | | | | |
| | Employer's address | | | | |
| | | Number Street | | Number Street | |
| | | | | | |
| | | City State 2 | IP Code | City | |
| | How long employed the | | ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | City | State ZIP Code |
| | | | | *************************************** | |
| | | | | | |
| art 2: Give Details About | | | | | |
| Estimate monthly income as of the spouse unless you are separated. | he date you file this form | n. If you have nothing to repor | t for any line, w | rite \$0 in the space. In | clude your non-filing |
| Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse have | the date you file this form | | t for any line, w | rite \$0 in the space. In | clude your non-filing nes |
| Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse have below. If you need more space, attached | the date you file this form the more than one employe ach a separate sheet to the | er, combine the information for its form. | t for any line, w all employers f or Debtor 1 | or that person on the li | nes |
| | the date you file this form the more than one employe ach a separate sheet to the | er, combine the information for its form. | all employers f | or that person on the li | nes |
| Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse have below. If you need more space, attained to the spouse wages salar. | the date you file this form the more than one employe ach a separate sheet to the the separate sheet the separate sheet the separate sheet the separate sheet | er, combine the information for its form. | all employers f | or that person on the li | nes |

Case 18-17978 Doc 15 Filed 06/25/18 Page 27 of 33

Debtor 1 Case number (# known) / 8

| Debtor 1 AFOLIN COCON STOWN First Name Middle Name Last Name | | Case number (# | (known) 18 - | 179 | <i>18</i> |
|---|-------------|---|----------------------------|-------------------------|-------------------------|
| | | For Debtor 1 | For Debtor non-filing s | | |
| Copy line 4 here | → 4. | s <u> </u> | . \$ | | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | s () | \$ | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | _ | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$_ (2) | \$ | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ <u> </u> | _ \$ | | |
| 5e. Insurance | 5e. | \$ | _ \$ | | |
| 5f. Domestic support obligations | 5f. | \$ <u> </u> | _ \$ | | |
| 5g. Union dues | 5g. | \$ | _ \$ | | |
| 5h. Other deductions. Specify: | 5h. | +\$ | _ + \$ | | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | <u>\$</u> | . \$ | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | <u>\$_O</u> _ | . \$ | | |
| 8. List all other income regularly received: | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | sO | . \$ | | |
| 8b. Interest and dividends | 8b. | s O | \$ | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive | nt | | T | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | | |
| 8d. Unemployment compensation 8e. Social Security | 8d. | \$ | \$ | **** | |
| • | 8e. | \$ <u> </u> | \$ | | |
| 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | • • | | | |
| Sa Panalan an address of the | 8f. | 11/6/15 | \$ | | |
| | 8g. | s 166, 15 | \$ | | |
| 8h. Other monthly income. Specify: | 8h | <u>+\$O</u> | +\$ | *** | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$1,166,15 | \$ | | |
| Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. | \$1166.15 | + \$ | | \$ |
| 1. State all other regular contributions to the expenses that you list in Schedu | ile J. | | | لسست | |
| Include contributions from an unmarried partner, members of your household, yo friends or relatives. | | | | | |
| Do not include any amounts already included in lines 2-10 or amounts that are no Specify: | ot ava | ilable to pay expens | ses listed in Sched | dule J. 11. + | ¢ |
| 2. Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Your Assets and Liabilities and Certain Sta | sult is | s the combined mor al <i>information</i> , if it a | nthly income. pplies | 12. | \$ 1,166,15 |
| 3.Do you expect an increase or decrease within the year after you file this for No. | m? | | | | Combined monthly income |
| Yes, Explain: | | | | | |
| | | | | | |

| and the second s | | | | |
|--|---|--|--|--|
| Fill in this information to iden | tify your case: | | | |
| Debtor 1 CArdyn | Odean Brown | | | |
| First Name Debtor 2 | Middle Name Last Name | Check if this | | |
| (Spouse, If filing) First Name | Middle Name Last Name | An amen | | |
| United States Bankruptcy Court for t | he: District of Nary of | and A suppler expenses | ment showing pos s as of the followir | stpetition chapter 13 |
| Case number 18-17 | 178 | MM / DD/ | | ig date. |
| | | | | |
| Official Form 106J | | | 1 | |
| Schedule J: Y | our Expenses | | | 12/15 |
| Be as complete and accurate as information. If more space is ne (if known). Answer every question Part 1: Describe Your H | | ling together, both are equally res n. On the top of any additional pag | ponsible for supply Jes, write your nam | ying correct ne and case number |
| 1. Is this a joint case? | V S S S S S S S S S S S S S S S S S S S | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in | S sangrafa househeld? | | | |
| ☐ No | file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2 | | |
| 2. Do you have dependents? | D No | The control of the co | State and the state of the stat | The control of the second of t |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | Granddaughter | - 14 | ☐ No ☑ Yes |
| | | | | ☐ No ☐ Yes |
| | | | - | ☐ No ☐ Yes |
| | | | | ☐ No ☐ Yes |
| | | | | ☐ Yes |
| Do your expenses include expenses of people other than yourself and your dependents? | No D Yes | | | Yes |
| | ing Monthly Expenses | | | |
| stimate your expenses as of you | r bankruptcy filing date unless you ar nkruptcy is filed. If this is a supplement | e using this form as a supplement ntal <i>Schedule J</i> , check the box at t | in a Chapter 13 ca | ese to report and fill in the |
| nclude expenses paid for with no | n-cash government assistance if you d it on S <i>chedule I: Your Income</i> (Offic | know the value of | Your expen | Pár |
| | expenses for your residence. Include fi | | * 881 | 5. 00 + 191 |
| if not included in line 4: | | • | - | , |
| 4a. Real estate taxes | | 4 | a. \$ (|) |
| 4b. Property, homeowner's, or r | | • 41 | no | 5,00 |
| 4c. Home maintenance, repair, | | 40 | 100 | 2.00 |
| 4d. Homeowner's association of | condominium dues | 40 | 30 11 | 32.69 (\$291. |
| cial Form 106J | Schedule J: Your E | xpenses | • | Mo |

Debtor 1 Pirst Name Middle Name Last Name Case number (# Innown) 8 - 17978

| | | | | Your expenses |
|-----|----------|--|----------|------------------|
| | 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | S |
| | 6. | Utilities: | | |
| | | 6a. Electricity, heat, natural gas | _ | s 130.00 |
| | | 6b. Water, sewer, garbage collection | 6a | |
| | | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6b | 1116 55 |
| | | 6d. Other. Specify: | 6c | |
| | 7. | Food and housekeeping supplies | 6d 7. | · 250 60 |
| | 8. | Childcare and children's education costs | | * X30.00 |
| | | Clothing, laundry, and dry cleaning | 8. | 10000 |
| 10 | | Personal care products and services | 9. | = <u>a00.00</u> |
| 1 | | Medical and dental expenses | 10. | 100 00 |
| 12 | | Fransportation. Include gas, maintenance, bus or train fare. | 11. | <u>\$ 100,00</u> |
| | L | Do not include car payments. | 12. | = 200.00 |
| 13 | . [| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | . 20 00 |
| 14 | . (| Charitable contributions and religious donations | 14. | 100.00 |
| 15 | | nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | 100:00 |
| | | 5a. Life insurance | | 75 00 |
| | 1 | 5b. Health insurance | 15a. | \$_75.00 |
| | 1 | 5c. Vehicle insurance | 15b. | \$ () |
| | 15 | 5d. Other insurance. Specify: | 15c. | 5 125,00 |
| | | | 15d. | \$ |
| 16. | Ta | exes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | ~ |
| 17. | | | 16. | \$ |
| " | | stallment or lease payments: | | |
| | | /a. Car payments for Vehicle 1 | 17a. | \$ |
| | | /b. Car payments for Vehicle 2 | 17b. | <u>\$O</u> |
| | | c. Other. Specify: | 17c. | s |
| | 17 | d. Other, Specify: | 17d. | s |
| 18. | Ya yo | our payments of alimony, maintenance, and support that you did not report as deducted from ur pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. | Oti | her payments you make to support others who do not live with you. | | <u>\$</u> |
| | Spe | ecify: | | |
| 20. | Otl | | 19. | \$ |
| | 200 | her real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | re. | _ |
| | | a. Mortgages on other property | 20a. | <u>\$</u> |
| | | Real estate taxes | 20b. | <u>\$</u> |
| | | Property, homeowner's, or renter's insurance | 20c. | sO |
| | | Maintenance, repair, and upkeep expenses | 20d. | <u>\$O</u> |
| | ZUe. | . Homeowner's association or condominium dues | 20e. | sO |

Case 18-17978 Doc 15 Filed 06/25/18 Page 30 of 33

| Debtor | 1 CAVOLYN Odean Brown First Name Middle Name Last Name Case number (#/ | known) | 18-17978 |
|----------------|---|--------------|--|
| 21. O 1 | her. Specify: | 21. | +\$ |
| 22. C a | culate your monthly expenses. | | MA to inflation (MI) is inframework injury state, making an inframework in religious of Europeologica (i.e.) |
| 22 | a. Add lines 4 through 21. | 22a. | . 3642 00 |
| 22 | c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | . () |
| | c. Add line 22a and 22b. The result is your monthly expenses. | 22 c. | :3,642.00 |
| 23. Cale | ulate your monthly net income. | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ 1, 166, 15 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ 3,642.00 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | -2,475.85 |
| 24. Do y | ou expect an increase or decrease in your expenses within the year after you file this form? | | |
| For | example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| DEN | | | |
| O Y | es. Explain here: | | |

| c if this is: | |
|--|--|
| amended filing | |
| supplement showing po | ostpetition chapter 13 |
| penses as of the follow | ving date: |
| / DD / YYYY | |
| | |
| ld of Debtor | r 2 12/15 |
| this form. Answer the dand accurate as possible of case-number (if known | questions on this form |
| | |
| | |
| and the transfer of the contract of the second seco | en trener glein han haar en saarre, som er saar en trete in trener en geste krijken in de krijken en de skrij |
| Dependent's age *********************************** | Does dependent live with you? |
| ***** | □ No □ Yes |
| | ☐ No |
| | Yes |
| | |
| | □ No |
| | Yes |
| | Yes No |
| | Yes No Yes |
| | Yes No |
| | Yes No Yes No No |
| | Yes No Yes No No |
| | Yes No Yes No Yes No Yes |
| lement in a Chapter 13 o | Yes No Yes No Yes No Yes |
| lement in a Chapter 13 (| Yes No Yes No Yes No Yes |
| lement in a Chapter 13 o | Yes No Yes No Yes No Yes |
| Your expe | Yes No Yes No Yes No Yes |
| Your expe | Yes No Yes No Yes No Yes |
| Your expe | Yes No Yes No Yes No Yes |
| Your expe | Yes No Yes No Yes No Yes No Tesses Case to report |
| Your expe | Yes No Yes No Yes No Yes |
| | amended filing supplement showing properties as of the follow of DD / YYYY DICTION OF Debtoral of Deb |

Debtor 1 CA 10 Lyn Odan Brown
First Name Middle Name Last Name

Case number (# known) 18 - 17978

| | | | | Your expenses |
|-----|----------|--|------|---|
| | 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | у те и не |
| | 6. | Utilities: | | |
| | | 6a. Electricity, heat, natural gas | 6a. | . S |
| | | 6b. Water, sewer, garbage collection | 6b. | T |
| | | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | · · · · · · · · · · · · · · · · · · · |
| | | 6d. Other. Specify: | 6d. | \$ |
| | 7. | · | | \$ |
| 1 | 8. | Childcare and children's education costs | 7. | \$ |
| • | 9. | Clothing, laundry, and dry cleaning | 8. | \$ |
| 10 | | Personal care products and services | 9. | \$ |
| 11 | ١. | Medical and dental expenses | 10. | \$ |
| 12 | <u>.</u> | Transportation. Include gas, maintenance, bus or train fare. | 11. | \$ |
| | | Do not include car payments. | 40 | \$ |
| 13 | | Entertainment, clubs, recreation, newspapers, magazines, and books | 12. | |
| 14 | | Charitable contributions and religious donations | 13. | \$ |
| 15 | | Insurance. | 14. | \$ |
| | | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | | 15a. Life insurance | | _ |
| | | 15b. Health insurance | 15a. | \$ |
| | | 15c. Vehicle insurance | 15b. | \$ |
| | | 15d. Other insurance. Specify: | 15c. | \$ |
| | | | 15d. | \$ |
| 16. | 1 | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| | | Specify: | 16. | \$ |
| 17. | | nstallment or lease payments: | | |
| | | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 1 | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 1 | 7c. Other. Specify: | 17c. | \$ |
| | 1 | 7d. Other. Specify: | 17d. | \$ |
| 18. | Y | our payments of alimony, maintenance, and support that you did not report as deducted from | | * |
| | y | our pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | 0 | ther payments you make to support others who do not live with you. | | Ψ |
| | | pecify: | | • |
| | | | 19. | \$ |
| | 20 | ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income Da. Mortgages on other property | 9. | |
| | | | 20a. | \$ |
| | | Db. Real estate taxes | 20b. | \$ |
| | | oc. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | | d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20 | e. Homeowner's association or condominium dues | 20e. | \$ |

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| Debtor 1 | Asolyw Odean Brown First Name Middle Name Last Name Case number (# know | m) | 18-179 | 78 |
|---------------------|---|-----|--------|--|
| 21. Other. | Specify: | 21. | +\$ | |
| The res | nonthly expenses. Add lines 5 through 21. Bult is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the penses for Debtor 1 and Debtor 2. | 22. | | A CONTRACTOR OF THE CONTRACTOR |
| 23. Line not | used on this form. | | | |
| | | | | |
| 24. Do you e | expect an increase or decrease in your expenses within the year after you file this form? | | | |
| For exam | nple, do you expect to finish paying for your car loan within the year or do you expect your a payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| ☐ No. | | | | |
| Yes. | Explain here: | | | |
| | | | | |